

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028077

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 274Primary Registration District No. 2052Registrar's No. 292

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY PETTISb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN LA MONTELength of stay in 1b  
35 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONInside Limits  
Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mob. COUNTY PETTISc. CITY OR TOWN LA MONTEInside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

DOROTHY LOUISE DILLON

## 4. DATE OF DEATH

Month

Day

Year

8 3 1962

## 5. SEX

FEMALE

## 6. COLOR OR RACE

WHITE7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-12-1923

## 9. AGE (last birthday)

39

## IF UNDER 1 YEAR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

SEDALIA Mo

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JESSE J. FINCH

## 13b. MOTHER'S MAIDEN NAME

ALLIE SCOTT

## 14. NAME OF HUSBAND OR WIFE

MELVIN E. DILLON

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

MELVIN E. DILLON - LA MONTE Mo

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE: (a)

Metastatic Carcinoma to Lung 2 wks.

## DUE TO: (b)

Carcinoma of Cervix

## DUE TO: (c)

## INTERVAL BETWEEN ONSET AND DEATH

4 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 1954 to 1962 and last saw her alive on 8-3-62Death occurred at 5:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

Charles H. Hines M.D.Sweet Springs Mo8-5-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

8-6-62

## 23c. NAME OF CEMETERY OR CREMATORY

LA MONTE CEMETERY

## 23d. LOCATION (City, town, or county)

LA MONTE

## (State)

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

MOORE FUNERAL HOME - LA MONTE Mo

## 25. DATE RECD. BY LOCAL REG.

8-5-1962

## 26. REGISTRAR'S SIGNATURE

Nancy Anderson, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/591280020800

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7 08 29/71X

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11

1290-0131-0

AUG 22 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address La Monte Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.